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Date Mailed : 05/01/09

Patent No. : 7331372 B2
Patent Issued : 02/19/08
Docket No. : AK-N-508XX

Re: Request for Certificate of Correction

Consideration has been given your request for the issuance of a certificate of correction for the above-identified patent under the provisions of Rule(s) 1.322.

Respecting the alleged errors in the documents filed on 02/25/09; please see attachment.

"Therefore, no correction(s) is in order here under United States Codes (U.S.C.) 254 and the Code of Federal Regulation (C.F.R.) 1322."

In view of the foregoing, your request in this matter is hereby approved in part.

~~A certificate of correction will be issued to correct the remaining errors noted in your request.~~

Lamonte M. Newsome

Lamonte M. Newsome
For Mary Diggs, Supervisor
Decisions & Certificates
Of Correction Branch
(703) 305-8309 or (703) 756-1574

**WEINGARTEN, SCHURGIN, GAGNEBIN & LEOVICI LLP
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BOSTON MA 02109**

LMN

SPE RESPONSE FOR CERTIFICATE OF CORRECTION

Paper No.: _____

DATE : 3/06/09

TO SPE OF : ART UNIT 1793

SUBJECT : Request for Certificate of Correction for Appl. No.: 10549429 Patent No.: 7331372 B2

Please respond to this request for a certificate of correction within 7 days.

FOR IFW FILES:

Please review the requested changes/corrections as shown in the **COCIN** document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed.

Please complete the response (see below) and forward the completed response to scanning using document code **COCX**.

FOR PAPER FILES:

Please review the requested changes/corrections as shown in the attached certificate of correction. Please complete this form (see below) and forward it with the file to:

Certificates of Correction Branch (CofC)

South Tower - 9A22

Palm Location 7580

You can fax the Directors/SPE response to 571-270-9990

LAMONTE NEWSOME

Certificates of Correction Branch

703-308-9390 ext. 112

Thank You For Your Assistance

The request for issuing the above-identified correction(s) is hereby:

Note your decision on the appropriate box.

☐ **Approved**

All changes apply.

☒ **Approved in Part**

Specify below which changes do not apply.

☐ **Denied**

State the reasons for denial below.

Comments: The changes to column B (claim 6) do not apply since claim 6
cannot be dependent from itself nor to any claims having a higher number, as proposed.



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